



Prevention Voices

Winter 2008

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This newsletter is published quarterly by the MT Department of Public Health and Human Services, HIV/STD Section, 1400 Broadway Room C - 211 Helena, MT 59620 www.health.mt.gov (406) 444-3565



Montanans Honored at World AIDS Day Ceremony

Nine Montanans and two Montana agencies were honored during a public ceremony at the State Capitol on November 30, 2007, for their dedicated work in the prevention and treatment of HIV and AIDS in Montana. The Governor's HIV/AIDS Recognition Awards Ceremony commemorated World AIDS Day 2007 and coincided with similar events around the globe.



From left to right: Annie Sondag, Joan Miles, Lt. Gov. John Bohlinger

World AIDS Day is celebrated each year on December 1, in order to create awareness and encourage support for AIDS services. In keeping with the World AIDS Day theme, "Take the Lead. Stop AIDS. Keep the Promise," the Montana Department of Public Health and Human Services (DPHHS) commended individuals who demonstrate leadership to reduce the incidence of HIV and AIDS.

Awards were given in the following categories: person living in Montana with HIV/AIDS; person making a substantial contribution to HIV/AIDS prevention or treatment efforts in Montana; agency or group making an extraordinary difference in HIV/AIDS prevention or treatment efforts in Montana. The public event drew news media coverage from KRTV, Great Falls, KTVH, Helena and Helena Civic Television (HCTV).



Lt. Gov. John Bohlinger and DPHHS Director Joan Miles presented the awards. Bohlinger praised the award recipients for their courage, determination and passion, and encouraged communities to help stop HIV and AIDS.

(Continued on page 2)

World AIDS Day 2007, continued



"You continue to educate, to speak the truth, to fight the myths, discrimination and stigma, and you fight the ignorance that still surrounds this disease."

— Joan Miles

Performance, said she was overwhelmed by the good work being recognized. "My greatest gift is working with the people here," she said.



"My greatest gift is working with the people here."

—Annie Sondag

transmitted through unprotected sex or sharing injection needles with an infected person. There is still no cure but breakthrough antiretroviral medicines have greatly increased the life expectancy of people living with HIV and AIDS. For more information, visit www.health.mt.gov or www.worldaidscampaign.org

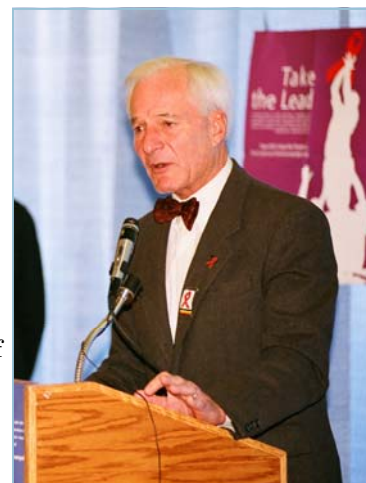
"Leadership in the fight against AIDS starts with families, schools, work places, places of worship, health care settings and elected officials," Bohlinger said. "We remember those who have died and we look at today as a day of hope."

Miles also praised the honorees. "You continue to educate, to speak the truth, to fight the myths, discrimination and stigma, and you fight the ignorance that still surrounds this disease," she said. "You do this work even in the face of controversy and adversity and we appreciate this."

Dr. Michael Downing, dentist with the Billings Community Health Center, accepted the award in honor of his dental patients living with HIV.

"In spite of the tremendous obstacles and prejudice they endure, they come to us with humor, courage and a zest for life that is wonderfully contagious," Downing said. "They give us more than we could ever return to them."

Annie Sondag, Professor with the University of Montana Department of Health and Human



"Leadership in the fight against AIDS starts with families, schools, work places, places of worship, health care settings and elected officials."

—John Bohlinger

"These Montanans are committed to making a difference in the lives of those living with HIV and AIDS," says Laurie Kops, HIV/STD Section Supervisor for DPHHS, who introduced the award recipients.

"They are devoted to speaking against stigma and discrimination. They are willing to educate others in their communities, and influence the way Montanans face the issues surrounding HIV and AIDS. They are creating a better world for all of us through their initiative, creativity and passion for fighting a disease that has taken a disastrous toll on our country and the world."

In Montana, 488 people (one in 2000) are living with HIV or AIDS. That number includes two children and 45 people over 49 years of age. More than one-million

Americans are currently living with HIV or AIDS. Forty-one thousand Americans are infected with HIV each year. Half of them are teenagers. HIV is the virus that can lead to AIDS, and is



"They give us more than we could ever return to them."

—Michael Downing, speaking about his dental patients with HIV

World AIDS Day 2007, continued



Grace Will (left) and Helen Bolle (right) receiving award from John Bohlinger (center) for the "Friends and Family" dinner at the University Congregational Church for the HIV community in Missoula.



From left to right: ceremony attendees Rick Holman, Judy Nielsen



From left to right: John Bohlinger with Casey and Eddie Rudd of Connections, a non-profit organization in Bozeman that received an award.

Montana World AIDS Day Events 2007

Events were held around the state to commemorate this year's World AIDS Day, in addition to the Governor's Recognition Awards Ceremony in Helena (see story on page 1). In Billings, the Yellowstone AIDS Project sponsored "Simply Elegant—Promise of Partnerships" at the Perfect Place.

Bozeman AIDS Outreach coordinated "Red Ribbon Specials." Testing was offered at Connections and Bridger Clinic, Bozeman. In Missoula, "Dine Out for Life" drew a number of supporters. Free testing was also offered at the Gay Men's Task Force, Partnership Health Center and Missoula AIDS Council. Salish Kootenai College hosted a celebration dinner provided by Papa Don's Grill in Polson. The Lewis and Clark AIDS Project held their event at the Helena Grand Street Theatre to raise funds. News articles and opinion pieces encouraging HIV/AIDS awareness and HIV testing appeared in several newspapers.

A number of community organizations joined the "I Know Montana" campaign, encouraging knowledge of one's HIV status and testing. The statewide campaign was modeled after the successful "I Know Missoula" campaign. For more information, visit <http://www.dphhs.mt.gov/PHSD/Women-Health/IKnowCampaign.shtml>.



Montana LGBTI Summit

The third annual Montana Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Summit was held on October 13, 2007, in Missoula at The University of Montana. This year's theme was "Working Towards Healthcare Equality." Health educators, medical providers, students, activists, people living with HIV/AIDS, and members of the LGBTI community attended the Summit to learn about health challenges impacting their communities. The Summit drew about ninety attendees and was a collaborative effort of the Montana Gay Men's Task Force, Western Montana Gay and Lesbian Community Center, University of Montana Lambda and the American Civil Liberties Union (ACLU).



"It's time to come together with a sense of urgency and collective power by engaging LGBTI community members, allies and healthcare providers as a way to enhance the overall health of our communities," said Bernie Kneefe, a presenter and member of the Summit's planning committee. More than twenty presenters from across Montana brought their expertise to this year's Summit, including social workers, counselors, LGBTI-activists, lawyers and health department representatives. Topics included estate planning and family law for the LGBTI community, transgender exclusive insurance, LGBTI mental healthcare, and tobacco prevention and cessation.



Rose Saxe speaking about HIV discrimination

Rose Saxe, J.D., with the National ACLU Lesbian, Gay, Bisexual, Transgender & AIDS Projects, conducted a session looking at the increasing frequency of religious objections to providing equal healthcare treatment to LGBT people. Saxe is a staff attorney at the ACLU where her work focuses on ensuring equal treatment of lesbians, gay men, bisexuals and transgender individuals, and people living with HIV. She has worked on HIV discrimination cases including employment and public accommodation discrimination, and the denial of emergency medical care based on perceived HIV status and sexual orientation. "Harm that discrimination in health care causes can be seriously damaging to the LGBTI community's health," says Saxe. She told the audience about pharmacists who refuse medicines to people with HIV, lab technicians who will not do lab work for HIV tests, and providers who deny care to someone with HIV. "We have our work cut out for us. It is an important struggle to get folks to realize that discrimination is not okay just because it is religiously motivated."

David Herrera, Director of FDH and Associates and planning committee member, presented "Living on the Edge: Gay Men, Depression and Risk Taking." He discussed a survey of Montana gay men that shows a drop in condom use from 41 percent in 2000 to 32.8 percent in 2006. Thirty percent reported never using condoms. Many said the reason they don't use condoms is because they have a regular sex partner. More men reported being in a relationship, 41.6 percent in 2006, up from 24 percent in 1998. "Maybe the increase has something to do with the film *Brokeback Mountain*," Herrera joked. In addition, fewer respondents reported having sex outside the relationship, 27 percent in 2006, down from 41 percent in 2001. "As prevention planners, there's an opportunity to stress that if you are having sex outside a relationship, have it safely," said Herrera. He says the old slogan from the 1980s is still appropriate today. "Silence still equals death. Action still equals life."

This year's event continued to build, support and nurture an activist grassroots movement that seeks to transform public conversation on LGBTI populations from one focused on disease and victimization to an expanded focus that includes community assets and resilience. For more information, contact FDH & Associates at 406-829-8075 or email fdh@mtgayhealth.org



From left to right: Steven Barrios, David Herrera, Corrina Craford

Housing Assistance

by Keri McWilliams and Christopher Peterson

Although Montana is a rural, frontier state, we have not been untouched by the HIV/AIDS epidemic. According to the Montana Department of Public Health and Human Services (DPHHS), from 1985 through June 2007, 787 HIV/AIDS cases have been reported in the state. As of June 2007, 200 adults in Montana are living with HIV and 286 individuals are living with AIDS. In response to the comprehensive challenges associated with HIV/AIDS, Yellowstone AIDS Project (YAP) in Billings, and the Missoula AIDS Council (MAC) effectively serve the state through both housing case management and prevention programs. The health care needs of people with HIV/AIDS are extensive and require a continuum of care that is well-managed and targeted to the disease. With access to current treatments, people with HIV are living longer, healthier lives. A primary goal of both MAC and YAP is to provide the healthiest standard of living for those whose lives are affected by HIV/AIDS. Providing access to housing is a primary objective in meeting this goal.



At some point during their illness, many people living with HIV/AIDS find themselves in need of housing assistance. In 1992, Congress funded, and the U.S. Department of Housing and Urban Development implemented the Housing Opportunities for Persons with AIDS (HOPWA) program. In 2002, DPHHS and private housing agencies in North and South Dakota along with YAP and MAC formed an innovative collaboration, and was awarded the nation's first multi-state HOPWA competitive grant. The HOPWA program is designed to provide tenant-based rental assistance, emergency assistance and housing coordination services to nearly 100 individuals living with HIV/AIDS throughout Montana. In order to qualify for the program, individuals must have an HIV/AIDS diagnosis and earn less than 80 percent of the area median income.

In the summer of 2007, AIDS Housing of Washington, the technical assistance provider of the HOPWA grant, conducted an extensive needs assessment of the program. Seventy-eight individuals receiving assistance from the program in Montana responded to the survey. Of those individuals, 13 percent had experienced homelessness in the past three years. Consistent with these trends, the U.S. homeless population has an estimated median rate of HIV prevalence of at least three times higher than the general population. The recent needs assessment also revealed that participants cited housing assistance, transportation and medical care as the top three needs for people living with HIV/AIDS in Montana. Several consumers remarked that without their housing assistance they would have been on the streets instead of living in a home.

**Keri McWilliams is the Executive Director of MAC. Christopher Peterson is Case Manager for HOPWA in Missoula.*



New Face of Ryan White Community: Montana's Judy Nielsen

HIV Programs Coordinator for the Montana Department of Public Health and Human Services, Judy Nielsen is profiled on the online TARGET Center that provides national technical assistance for the Ryan White community.

Judy has coordinated Montana's HIV programs since 2000, using more than 25 years of clinical experience as a licensed practical nurse and a degree in Health Care Administration

to develop an HIV treatment program that is a potential model for other rural states. In past years, she has helped coordinate a team to secure multi-state funds from the U.S. Department of Housing and Urban Development (HUD) under the Housing Opportunities for People with HIV/AIDS (HOPWA) program. Called the Tri-State HELP Program, it provides housing for HIV-infected persons in Montana and the Dakotas.

To access Nielsen's information, visit <http://careacttarget.org/community/state.asp?abbr=MT>

U.S. Conference on AIDS

Five Montana HIV prevention professionals attended the United States Conference on AIDS (USCA), November 7 – 10, 2007 in Palm Springs, California. They included Salish Kootenai College Program Coordinators, Niki Graham and Vicki Peterson; Butte AIDS Support Services Executive Director, Rick Holman; Montana Governor's HIV/AIDS Advisory Council Vice-Chair, Frank Gary; and Montana Department of Public Health and Human Services HIV Programs Specialist, Sandy Sands. Graham gave a presentation about native women and HIV.



From left to right: Vicki Peterson, Niki Graham, Rick Holman

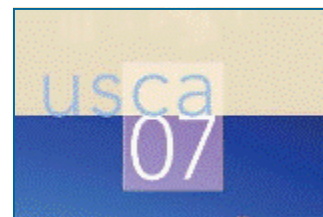
Sands took advantage of sessions about injecting drug user (IDU) risk and harm reduction, the graying of the epidemic, outreach to young people, online social networking, community networks and more. “In any given session, I had to choose from four to five things that looked good and applicable. I had far more choices than I had time to attend,” said Sands.

This year's USCA focused on the theme, “One Family, One Voice, One Spirit” and opened with the plenary session, “The State of HIV/AIDS in Native American Alaskan Native and Native Hawaiian Communities.” The session began with a grand entry which highlighted the rich traditions of Native people and blessings by a tribal elder and Cahuilla Bird Singers. The conference was held at the Palm Springs Convention Center, located on the ancestral lands of the Agua Caliente Band of Cahuilla Indians.



Conference grand entry and opening ceremony

Native people currently account for approximately one percent of all new HIV cases reported to the Centers for Disease Control each year. The rate of incidence among Indian people relative to other ethnic minorities seems low; however, there are indications that rates are higher than reported. “Without accurate statistics demonstrating the increase of HIV incidence among Native people and the need for HIV/AIDS programming geared to them, we cannot obtain funding. It is frustrating for those who provide services in our communities, and for those who need them,” says Brenda Hunt, a National Minority AIDS Council (NMAC) Board Member and a member of the Lumbee Indian Tribe. USCA was sponsored by the National Minority AIDS Council. The 2008 USCA will be held in Miami Beach, Florida, September 18–21. For more information, visit www.nmac.org.



Read at the 2007 USCA and excerpted from:

You Don't Live On My Street by Rebera Elliott Foston, M.D.

So you want to know
Why I'm always high
and why you never
ever see me cry?

Why do I shoot up
all this junk?
Have you ever seen
Your Dad sloppy drunk?

Well I don't worry anymore
about getting good grades
all I worry about now
is getting AIDS.

Look at you with your
life so sweet
but you don't live
on my street.

You ask me why at fourteen I'm
having this baby?
Am I ignorant, retarded or just
plain lazy?

What on earth was I thinking
about?
I was hoping my Mama wouldn't
put me out.

Until you have felt some of
my shame
Until you have sold some of
my dope
Until you have lost all of
my hope

Until you have stood under
my rain
Until you have felt some of
my pain

Until you have eaten
what I've had to eat
then understand this
You don't live on my street.

National HIV Prevention Conference



At least 3,000 people attended the 2007 National HIV Prevention Conference (NHPC) held by the Centers for Disease Control and Prevention (CDC) in Atlanta, December 2 – 5. That number included HIV Programs Coordinator for the Montana Department of Public Health and Human Services (DPHHS), Judy Nielsen, and Casey and Eddie Rudd of Connections, Bozeman. The conference offered more than 500 sessions and presentations. The Rudds presented their groundbreaking interventions, “Taking it to the System,” and “Taking it to the Population.”

This was the largest NHPC yet. It focused on prevention challenges and emphasized integration of science-based research into prevention programs. The Director of the CDC National Center for HIV/AIDS, Kevin Fenton, MD, PhD, talked about routine HIV testing and new prevention interventions planned for the future. He also said new CDC HIV case estimates are expected in the near future. These will directly measure newer HIV infections and help to get a handle on the actual incidence. Dr. Fenton made a commitment to address societal issues that drive HIV in the United States. “Racism, homophobia, discrimination and stigma are some of society’s longstanding challenges,” says Dr. Fenton. He said CDC will work to reduce stigma through routine testing, social marketing and health communication, and by building structural partners, engaging communities and expanding the search for solutions. He said CDC will continue to collaborate with other federal agencies to facilitate integrated comprehensive approaches to HIV prevention. Dr. Fenton challenged the audience to reflect over the past 26 years of the epidemic and think about those we have loved and lost. “So much has been lost, yet so much achieved. And the challenges ahead are daunting.” He encouraged the participants to use the conference to engage, mobilize and act.

Zero Transmission

CDC Director, Julie Gerberding, MD, PhD, also discussed challenges. “There are incredible HIV treatments,” said Dr. Gerberding. “Yet access is a challenge here in the U.S. and in the world. These drugs are not a magic bullet. The adverse effects are very real for people who are experiencing them.” Dr. Gerberding expressed hope about the new science being developed to determine infection. “We hope to get to the point where we can know the ‘who, what, when, where, why, how and how many’ of this disease so we can have a chance to shine the brightest light on the problems that need the most attention.” She said the United States is making the largest investment in HIV/AIDS that has ever been made but we are also seeing the largest number of people infected with the disease since the epidemic began to unfold. She said there has been a reduction in HIV cases among women, IDU and teenagers, but older teenagers, adults ages 35 – 39, and the African American, MSM and Latino populations are disproportionately reflected in the incidence of HIV. Dr. Gerberding pledged that CDC will continue to do its part to fight for zero transmission. “Whatever we are doing, we are not doing enough until there are no more panels in the AIDS quilt and until the incidence of new infections is zero.”

HIV Testing

The Director of the Office of HIV/AIDS Policy, U.S. Department of Health and Human Services, Christopher Bates, focused his speech on HIV testing. “There are 250,000 people in this country who don’t know their HIV status. We need to be talking about testing in our communities,” said Bates. He coordinates the National Community Mobilization Campaign, “Take care of your health. Take care of your life. Get tested for HIV.”

Prevention for Love

Another speaker, Jesse Milan, Jr., JD, Vice President, Global Health Convergence, began with a call to action for a stronger national HIV/AIDS policy. “It makes no sense that the United States requires countries receiving our funding for HIV and AIDS to have comprehensive national policies and we do not have one ourselves,” said Milan. He adds the policy should require schools to offer comprehensive sexual health education, workplaces to set anti-discrimination rules regarding HIV, and the U.S. Department of Justice to insure “real prevention” in federal prisons. Milan thanked the CDC for its heightened response to the HIV incidence in the African American population. “We also need a heightened response for Latinos, Native Americans and gay men of all colors.” Milan told the audience that early December holds mixed emotions for him, from December 1 World AIDS Day commemorations to December 3, the anniversary of his partner’s death. “All I can think about is love,” said Milan. He says people are caught between the love they have and the fear of losing love despite the risk of HIV. “Women are afraid to ask their man to wear a condom or ask them to get an HIV test because of the love they might lose. Men, so lacking in self-love because of the stigma of their sexuality, act out in unhealthy ways that put them at risk. People so bereft of love that they seek solace in drugs that alter their minds and existence. If only all of them knew just how much you care.” He told audience members the work they do in HIV prevention is based on love.

To view sessions online via webcast or podcast, visit: http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=2343. Sessions are also available at: <http://www.cdcnpin-ta.org/Default.aspx>

Community Planning Group Examines Living with HIV

Rick Holman joined the Montana HIV Prevention Community Planning Group (CPG) to make a difference. “I got involved with this group and quit feeling sorry for myself,” said Holman, who was diagnosed with HIV nearly a decade ago. Holman is also Executive Director of Butte AIDS Support Services. He organized a speaker panel about living with HIV for the CPG meeting, December 7 and 8, 2007 in Butte. Holman was joined by five other panelists. They talked about stigma, depression, side effects of medications, prevention and the importance of support systems.

Adherence to a regimen of antiretroviral medications is a challenge for some because of the side effects, although panelists said the drugs are easier now to handle than in the past. Depression or anxiety medication can compound the side effects.

The stigma of HIV is difficult to face. One panelist said maintaining self-esteem is tough when you are labeled an “AIDS patient.” Another said isolation is the hardest part of having HIV. “We have to identify ourselves as the person we are, not the disease we have,” added Holman. “People have to know it is the person they are, not the disease they have.”

The panelists said they do better with support systems. “It was the love and compassion of friends that helped me,” said Holman. Social groups help them fight feelings of isolation. Retreats help. “It is a bonding time. You cannot put a price on these bonds,” said Holman.

The panelists discussed HIV prevention. One panelist said individuals must know they are okay the way they are because low self-esteem can encourage risk behavior. Another said people need to believe they are worth protecting (with safer behavior).

Holman wants to teach youth. “Young people today have never seen the dying and the wasting. They never knew how devastated people were with AIDS,” said Holman. “They need to get the message that the disease still kills and it does not discriminate.”

The Community Planning Group (CPG) is an advisory group instrumental in the planning and implementation of HIV prevention interventions in Montana. CPG helps ensure target populations are represented when planning prevention efforts. The CPG consists of 36 members and is coordinated by the Montana Department of Public Health and Human Services HIV/STD Section. In an effort to familiarize members with target populations, CPG meetings have included presentations about the priority populations.

The next CPG meeting is scheduled for February 8 and 9, 2008 at the Park Plaza Hotel in Helena.



HIV Counseling, Testing and Referral

About thirty-five HIV prevention professionals from throughout Montana attended HIV Counseling, Testing and Referral (CTR) and Rapid Testing trainings sponsored by the Montana Department of Public Health and Human Services (DPHHS) HIV/STD Section and held twice in November 2007 in Missoula.

Salish Kootenai College Program Coordinators Niki Graham and Vicki Peterson were the primary instructors for the course.

Students received certificates for successfully completing the trainings. The next HIV counseling and testing course will be held later this year. Information will be available when course dates are determined.



November 2007 CTR Class and instructor Niki Graham.



Sandy Sands, MT DPHHS (left), and Brent Carpenter, Yellowstone City-County Health Department (right), conduct tests during training.



Instructor Vicki Peterson answers question.

New Year, New Form



The Centers for Disease Control and Prevention (CDC) issued new testing forms to coincide with the New Year that simplify the process for CDC-funded testing sites to document client data. The HIV/STD Section, Montana Department of Public Health and Human Services (DPHHS) mailed out packages of the new forms in late December to the 20 of 27 HIV prevention contractors that conduct counseling, testing and referral (CTR) and receive CDC funding for this activity through DPHHS.

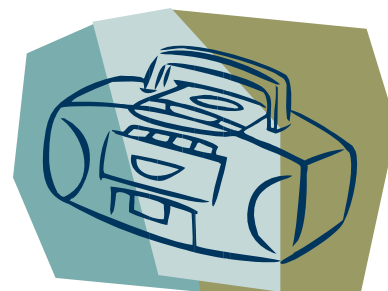
DPHHS HIV Program Specialist, Sandy Sands, says the one-page forms are now required and are more user-friendly. "Most of the Montana contractors are pleased that there is less information to capture and the forms are not as cumbersome to use as the previous two-page forms," said Sands.

As in the past, contractors are asked to mail completed CTR forms to the DPHHS HIV/STD Section for scanning. DPHHS has received a new upgrade to the CTR scanning system, which will be installed to accommodate the new testing forms. For more information, contact Sands at (406) 444-1604 or ssands@mt.gov.

Health Matters Radio Interview about HIV

HIV/AIDS in Montana was the topic discussed on the Yellowstone Public Radio program, *Health Matters*, November 28, 2007. Laura Mentch, Health Educator for Bridger Clinic, Bozeman, and Michael Herring, M.D., a Montana physician who cares for people living with HIV or AIDS were the featured guests. The half-hour program included discussion about the new HIV testing recommendations by the Centers for Disease Control and Prevention (CDC) and how implementation of the recommendations could serve to reduce the stigma sometimes associated with HIV. The program was hosted by registered nurse, Rachel Rockafellow, R.N. It is archived online and can be accessed at:

<http://www.dphhs.mt.gov/PHSD/Women-Health/IKnowCampaign.shtml>



Social Marketing for HIV Prevention

In 2001, Laura Dybdal Ph.D. implemented Montana's first Social Marketing Campaign targeting behavior change in reducing the risk of HIV transmission in Montana. The University of Montana Professor of Health Promotion and Health Psychology contracts with the Montana Department of Public Health and Human Services (DPHHS) HIV/STD Section and the Centers for Disease Control (CDC) to develop and implement Montana's HIV Prevention Social Marketing campaign. "The goal is to induce at-risk individuals to modify behavior," said Dr. Dybdal during a presentation at the Montana LGBTI Summit, October 13, 2007 in Missoula.

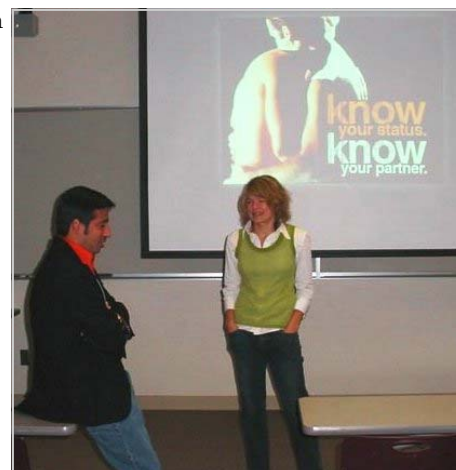
Social Marketing targets selected populations, which for HIV prevention can include men having sex with men (MSM), injecting drug users (IDU), men and women with HIV, youth, native populations and people on the "down low," i.e., individuals in a heterosexual relationship who engage in same-sex sexual activity outside of their heterosexual relationship.

According to Dr. Dybdal, Social Marketing sells intangible products, such as behaviors, beliefs and knowledge. Montana's HIV Prevention campaign markets HIV testing, safer sex, clean needles, the fact that HIV does exist in Montana, and self-esteem to combat internalized homophobia in young gay males.

Conducting research with the target populations is key in campaign message development. "Before we even figure out what to say, we do research in the target population," says Dr. Dybdal. "It is not like a pie in the sky decision in what I think is a 'neat message.' It is what is going on in the target population and what message they feel will connect with them." Research and message development build the campaign's foundation before the other steps of design development, media production and post-production, dissemination and evaluation even begin.

Dr. Dybdal's research within the gay community uncovered misconceptions, including a belief that a person cannot get HIV in Montana, the inaccuracy that medicines are a cure for HIV, and the myth that only gay men become infected with HIV. She also found a low knowledge of risk behaviors and a low priority for HIV testing.

She counters these myths in campaign messages and incorporates an interesting linguistic finding. "One interviewee said something like if you want us to listen you need to use our language." The method of conveying the message is also important. For instance, the internet and text messages are popular media among gay men, so plans are underway to launch campaign spots online and deliver them via text messaging.



Laura Dybdal (right) talks with David Herrera.

Epidemic Intelligence Service in Montana

In Fall 2007, Bridget Andrew, MPH, began a two-year EIS assignment at DPHHS as Montana's second EIS Officer. The Centers for Disease Control (CDC) Epidemic Intelligence Service (EIS) is a two-year fellowship program in applied epidemiology for health professionals interested in the practice of epidemiology. Bridget is working with Kammy Johnson, PhD, DVM, Career CDC Epidemiology Field Officer (EIS 1997, Washington State) on assignment from CDC, and Steven Helgersen MD (EIS 1980 Oregon) DPHHS State Medical Officer and Epidemiologist.

Established in 1951, the CDC EIS Program has played a pivotal role in epidemiologic investigation, and identification and control of major epidemics worldwide. The EIS played a key role in the global eradication of smallpox, the identification of the HIV virus and how it was transmitted, and a wide range of epidemiologic investigations that have led to improved understanding and control of communicable and chronic disease. Bridget is among eighty 2007 CDC EIS Officers, and a total of 160 current EIS Officers, with assignments in Atlanta at CDC headquarters or with state health departments nationwide.

The EIS Fellowship is a combination of scientific-on-the-job training and epidemiologic services, and includes conducting epidemiologic investigations and studies, performing surveillance activities, providing technical advice on the identification, providing prevention and control of health problems to health agencies and providers who request assistance, communicating to the public through scientific presentations, responding to public inquiries, and writing scientific papers on public health issues.

Bridget recently completed an evaluation of the DPHHS STD surveillance system. HIV/STD Section Supervisor Laurie Kops welcomed Bridget's evaluation. "It is important to take a look at what is going on with surveillance and how to get the data out to our colleagues in the field," says Kops. "The evaluation allowed the STD Program to take the time to look at the system. Her help in building capacity is vital."

Other projects Bridget has begun work on include analysis of Montana's STD surveillance data from 2000 to the present, analysis of National Laboratory System survey data, and working with the DPHHS Tuberculosis Program to develop state guidelines for tuberculosis screening and management at institutions of higher education in Montana.

Before her EIS assignment, Bridget worked on the medical staff at Zuni Indian Health Service Hospital in Zuni, New Mexico. She was also an associate research faculty member at the Johns Hopkins Center for Native American Health in Gallup, NM. She received her MPH in International Health from Johns Hopkins University Bloomberg School of Public Health. Bridget can be reached at bandrew@mt.gov. For more information about the Centers for Disease Control (CDC) visit www.cdc.gov, and the Epidemic Intelligence Service (EIS), visit www.cdc.gov/eis



From left to right: Bridget Andrew, Laurie Kops, Kammy Johnson

Online HIV/STD Resources

Sexually Transmitted Infections: Reported Cases Increased From 2000 to 2006

The annual number of cases of chlamydia, gonorrhea and syphilis reported in Montana increased from 2000 to 2006. The November 2007 issue of *Montana Public Health: Prevention Opportunities Under The Big Sky* describes the cases of infections reported, as well as prevention, treatment and partner notification steps that need to be intensified. To access the publication visit www.health.mt.gov.

Expanding HIV Testing: Practical Screening Cases to Meet New CDC Recommendations

This online course delves into the finer points of the new CDC recommendations for HIV screening, as well as information on diagnosis and treatment. "I thought this very pertinent to share. Even though the incidence of HIV in Montana and Lincoln County is low, it is good for us to be in the know," said Lincoln County Public Health Nurse Amy Smart. The course offers continuing education credit. There is no cost for the course.

For information and registration, visit: <http://www.medscape.com/home>

Understanding HIV/AIDS: The Social Worker's Role

The National Association of Social Workers (NASW) developed this basic course. The course is free of charge and available at the following link: <http://www.naswwebd.org/>

Rapid Testing Video

A partnership of clinicians and researchers at Brown University and the Harvard School of Public Health, along with professionals from Abbott Diagnostics, Inc., have produced the educational video, *Do You Know About Rapid HIV Testing?* The video is authorized for viewing and downloading by clinical facilities, healthcare professionals, those involved in providing or administering HIV testing, and for use by individuals who would like to view or use it for educational purposes. To access the video visit the website of the Montana Department of Public Health and Human Services (DPHHS) HIV/STD Section and click on Web Resources.

The State of the HIV/AIDS Epidemic in the United States: World AIDS Day Webcast

On November 16, 2007, federal officials participated in a live webcast in advance of World AIDS Day to discuss the state of the HIV/AIDS epidemic in the United States. The webcast featured four speakers: Dr. Anthony Fauci, Director of the National Institute for Allergy and Infectious Diseases, NIH; Dr. Deborah Parham Hopson, Associate Administrator for HIV/AIDS, HRSA; Dr. Kevin Fenton, Director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC, and, Ms. Beverly Watts Davis, Senior Advisor on Substance Abuse, Office of the Administrator, SAMHSA. The moderator was Christopher H. Bates, Acting Director of the Office of HIV/AIDS Policy. A video and transcript of the webcast is available on <http://www.AIDS.gov> or the DPHHS website.

Public Misconceptions about HIV

In 2006, public opinion/knowledge research was conducted by the Kaiser Family Foundation. Forty-three percent of those surveyed held misconceptions about how HIV is transmitted. The survey highlights the need for better education about HIV, according to Rose Saxe, ACLU Attorney. To access the survey, visit: <http://www.kff.org/spotlight/hiv/index.cfm>



Save the Date

New Member Orientation — HIV Prevention Community Planning Group

February 7, 2008, 1:30 p.m. - 4:30 p.m.
MT Dept. of Public Health and Human Services
Cogswell Building, Room C - 207
1400 Broadway
Helena, MT
Contact: Judy Nielsen, (406) 444-4744,
jnielsen@mt.gov

HIV Prevention Community Planning Group

February 8 and 9, 2008
Park Plaza Hotel
Helena, MT
Contact: Judy Nielsen, (406) 444-4744,
jnielsen@mt.gov

Governor's HIV/AIDS Advisory Council

March 14, 2008, 10:00 a.m. - 4 p.m.
Helena (location to be determined.)
Contact: Judy Nielsen, (406) 444-4744,
jnielsen@mt.gov

HIV Prevention Community Planning Group

April 4 and 5, 2008
Wingate Hotel
Helena, MT
Contact: Judy Nielsen, (406) 444-4744,
jnielsen@mt.gov

AIDS Review Panel

May 8, 2008 3:30 p.m. - 4:30 p.m.
MT Dept. of Public Health and Human Services
Cogswell Building, Room C - 205
1400 Broadway
Helena, MT
Contact: Mary Ann Dunwell, (406) 444-4117,
mdunwell@mt.gov

Activity Reports for MT HIV Prevention Contractors

The Montana HIV/STD Section is required to report to the Centers for Disease Control (CDC) twice per year regarding HIV prevention funds and activities. The Section must obtain the data necessary for reporting by collecting local reports from HIV prevention contractors. Semi-annual reporting due dates are January 31, 2008 and July 31, 2008.



Ryan White Treatment Case Managers at the October, 2007 meeting in Helena. (Bottom row, L to R) Robie Marcoux, Bridget Kallenberger, Judy Nielsen. (Top row, L to R) Shanda Smith, Julie Oskendahl, Mary Jane Nealon, Debbie Hedrick, Debbie Brown, Sandy Sands, Craig Sivak.

HIV/AIDS Preceptorships

The Northwest AIDS Education and Training Center (NAETC) sponsors free preceptorships for health care providers on the subject of HIV and AIDS.

The preceptorships include hotel, flight and per diem.

They range from one-day courses for physicians, two-day courses for nurses, three-day courses for case managers, one-day courses for pharmacists and three-day courses for registered dietitians. Locations vary for each preceptorship including sites in Portland, Seattle and Yakima area.

For more information, contact Niki Graham at (406) 275-4920 or niki_graham@skc.edu

Who's Who

STD Database Manager

The DPHHS HIV/STD Section is pleased to announce that Cara Murolo has joined the Section as the STD Database Manager. Cara was previously employed in the Montana Public Health Laboratory.

HIV/STD Section Staff

Laurie Kops, HIV/STD Section Supervisor, lkops@mt.gov or (406) 444-2457.

Peggy Baker, HIV/STD Administrative Professional, pebaker@mt.gov or (406) 444-3565.

Mary Ann Dunwell, HIV/STD Health Educator, mdunwell@mt.gov or (406) 444-4117.

Cara Murolo, STD Database Manager, cmurolo@mt.gov or (406) 444-2678.

Judy Nielsen, HIV Programs Coordinator, jnielsen@mt.gov or (406) 444-4744.

Sandy Sands, HIV Programs Specialist, ssands@mt.gov or (406) 444-1604.



DPHHS HIV/STD Section staff at retreat, January 4, 2008.
From left to right: Mary Ann Dunwell, Laurie Kops, Sandy Sands, Cara Murolo, Peggy Baker, Judy Nielsen.

National Scene

February 7, 2008
National Black HIV/AIDS Awareness Day

February 11 - 15, 2008
National Condom Week

March 10, 2008
National Women and Girls HIV/ AIDS Awareness Day.

March 20, 2008
National Native HIV/AIDS Awareness Day

May 18, 2008
HIV Vaccine Awareness Day

June 11 - 14, 2008, Detroit, MI
HIV Prevention Leadership Summit

September 18 - 21, 2008, Miami Beach, FL
U.S. Conference on AIDS

June 27, 2008
National HIV Testing Day



National HIV Testing Day provides an opportunity to dispel the myths and stigma associated with HIV testing, and to reach those who have never been tested or who have engaged in risk behavior since their last test. For more information, visit <http://www.napwa.org/hivtestinfo/>